

7. Bruce RA: Functional aerobic capacity, exercise and aging, chap 9. In Andres R, Bierman EL, Hazzard WR (Eds): *Principles of Geriatric Medicine*. New York, McGraw Hill, 1985, pp 87-103
8. Bruce RA: Exercise, functional aerobic capacity, and aging—Another viewpoint. *Med Sci Sports Exercise* 1984; 16:8-13
9. Fries J: Aging, natural death and the compression of morbidity. *N Engl J Med* 1980; 33:130-135

Get Boxing Off TV

TO THE EDITOR: The AMA and the California and New York state medical associations have called for a ban on boxing, but attempts to obtain enabling legislation have failed. I suggest a new approach.

The Surgeon General has declared that smoking is harmful to health. As a result, cigarette commercials are prohibited from television. TV revenues are the lifeblood of professional boxing. I propose that an effort be made to have the Surgeon General declare that boxing poses an unusual threat to the health of the participants. Consequently, TV broadcasts of boxing events are directly contributing to a clear health hazard and should be prohibited.

A case could also be made that such displays of "legitimate" extreme violence may contribute to violent behavior of others, particularly of young persons.

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Diabetes and Pregnancy

TO THE EDITOR: The relationship between diabetes and pregnancy management illustrates the continuing need for practitioners to update their knowledge. There are more than 11 million known diabetic persons in the United States and many more undiagnosed. Some 3% of all pregnant women are affected by diabetes.

Medical management of possibly pregnant diabetic patients consists of screening, preconception counseling and monitoring, outreach and education, active patient participation, regular prenatal visits and utilization of improved maternal and fetal surveillance.

In 1909 maternal mortality was 30% and fetal loss 65% in diabetic patients. Since the discovery of parenteral insulin in 1921, pregnancies have increased. In the past few years maternal mortality has been all but eliminated and maternal morbidity reduced significantly. Perinatal mortality from stillbirth, prematurity and birth injury for insulin-dependent gravidas approaches that of normal gravid women.

During the past five years significant changes in management have occurred. Historical and clinical "clues" (family history, obesity, glycosuria, large baby and the like) are not enough to diagnose the possible gestational diabetic as we move towards screening every prenatal. At the very least, all pregnant women 25 and older should be screened. Home monitoring includes reflectance meters for accuracy and a discussion on changes of diet to high fiber, more carbohydrates and calculation of calories on "ideal" body weight. Glycosylated hemoglobin and ultrasound are no longer experimental but are proposed for regular four and six weeks' prenatal monitoring purposes. Use of daily unconjugated urinary estriols is no longer optimal management. β -Mimetic agents used to control premature labor, like commonly used ritodrine, are contraindicated with diabetes, and magnesium

sulfate becomes the preferred method of tocolysis. PG (phosphatidylglycerol) replaces L/S (lecithin-sphingomyelin ratio) for the assessment of fetal lung maturity. And postpartum, even fewer obstetricians now recommend even low-dose oral triphasic contraception to young insulin-dependent diabetic women. Where the risk for a diabetic woman bearing an infant with a birth defect is 3 to 13 times greater than for a nondiabetic woman, the emphasis is on good health, preconception control and euglycemia in pregnancy for a very much improved perinatal outcome.

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REFERENCES

1. Buchanan TA, Unterman TG, Metzger BE: The medical management of diabetes in pregnancy. *Clin Perinatology* 1985 Oct; 12:625-650
2. Rotter JJ, Vadheim CM, Raffel LJ, et al: Genetics, diabetes mellitus heterogeneity, and coronary heart disease. In Rao DC, Elston RC, Kuller LH, et al (Eds): *Genetic Epidemiology of Coronary Heart Disease*. New York, Alan R. Liss, 1984, p 445

Neuropsychological Assessment

TO THE EDITOR: In the October 1985 issue, Drs Morton and Linz properly called attention to the role of neuropsychological testing in assessing the degree and pattern of cognitive impairment associated with toxic encephalopathy from chronic exposure to toxic solvents.¹

Dr Markovitz suggested, in a letter to the editor in the January issue,² that many of these cases arise after a company closes and are then a subject of litigation. He disputed Drs Morton and Linz. He suggests such testings "are highly variable, especially in Workers' Compensation cases." He pointed out varying conclusions offered by different psychologists administering testing. He indicated that there may be many nonspecific findings. He called attention to a woman who was tested while distracted by a young baby in her lap. He suggested that neuropsychological testing alone can lead to "overdiagnosis."

Since I refer patients for neuropsychological assessment in cases of possible encephalopathy associated with chronic exposure to organic solvents or trauma, I believe this is an important issue. In my opinion, Dr Markovitz introduces "red herrings." He emphasizes that different psychologists may offer different conclusions. Certainly this is no different than different cardiologists interpreting electrocardiograms in varying ways, or radiologists differing as to the interpretation of particular radiographs. He complains of nonspecific findings. This is little different than a large plurality of electrocardiogram reports.

Dr Markovitz anecdotally cites a psychologist who concluded that a patient had brain damage when she was tested while holding a baby in her lap. Certainly I have seen cases where diagnostic studies were misinterpreted due, for example, to inadequate electrode jelly on the electrocardiographic electrode, improper placement of a patient before the x-ray machine or other misapplications of technique.

Dr Markovitz seems to throw out the baby with the bath water. Neuropsychological testing is indeed a valuable diagnostic procedure, just as are electrocardiograms, radiographs and other processes. Neuropsychological testing should not be condemned because of the fatuousness Dr Markovitz describes, just as all electrocardiograms and x-ray studies